

General Employee

Benefits are offered to employees working at least 30 hours per week.

Health Insurance - Coverage becomes effective the first day of the month following 60 days of employment. Both you and the city contribute to the overall cost of coverage (see rate chart). Employees, their spouse and dependent children are eligible for coverage. The City Health Clinic is available for employees and their dependents that are covered on the health insurance plan. Depending on the selected health insurance plan clinic services are offered for free or at a significantly reduced rate.

Dental & Vision Insurance - Coverage becomes effective the first day of the month following 60 days of employment. Employees, their spouse and dependent children are eligible for coverage.

Life Insurance - The city pays to provide coverage valued at one times your annual salary. Supplemental insurance is available for employees to purchase. Optional coverage for dependents is also available for purchase.

Retirement:

- **NC Local Government Retirement System** - All benefits eligible employees make a mandatory 6% contribution every pay period.

- **Deferred Compensation** – The city contributes an amount equal to 4.5% of the annual salary to either the 401(k) or 457 plans regardless of employee contribution. Employees may choose to contribute additional money to the deferred compensation plans, without a match from the City, within the IRS guidelines.

Paid Leave:

- **Sick Leave** - 12 days accrued each year

- **Annual Leave** - Accrual based on years of service and classification. Employees can earn from 10 to 24 days each year.

- **Holidays** - 11 paid holidays annually

Miscellaneous:

- Tuition reimbursement

- Employee Assistance Program

- Short-Term and Long-Term Disability – provided by Lincoln Financial (employee paid)

- Whole Life Insurance – provided by UNUM (employee paid)

- Accident Insurance – provided by Allstate (employee paid)

- Cancer & Critical Illness Insurance – provided by Transamerica

- Credit Union membership

Note: The City of Wilmington is on a bi-weekly pay cycle. New employees should expect a delay of approximately 4 weeks in receiving their first paycheck due to a lag in payroll processing time.

****This is intended to be a brief overview of the benefits offered. More detail is available upon request.****

Police – Sworn LEO

Benefits are offered to employees working at least 30 hours per week.

Health Insurance - Coverage becomes effective the first day of the month following 60 days of employment. Both you and the city contribute to the overall cost of coverage. Employees, their spouse and dependent children are eligible for coverage. The City Health Clinic is available for employees and their dependents that are covered on the health insurance plan. Depending on the selected health insurance plan clinic services are offered for free or at a significantly reduced rate.

Dental & Vision Insurance - Coverage becomes effective the first day of the month following 60 days of employment. Employees, their spouse and dependent children are eligible for coverage.

Life Insurance - The city pays to provide coverage valued at one times your annual salary. Supplemental insurance is available for employees to purchase. Optional coverage for dependents is also available for purchase.

Sworn Law Enforcement Officers (LEO's) are also provided additional life insurance thru the NC Retirement System. The supplemental life insurance is equal to one times the annual salary, not to exceed \$50,000.

Retirement:

- **NC Local Law Enforcement Officers Retirement System** - All benefits eligible employees make a mandatory 6% contribution every pay period.
- **Deferred Compensation** – For all employees, the city contributes 4.5% of salary to either the 401(k) or 457 plans regardless of employee contribution. In addition, the City contributes an additional 5% of salary to the LEO 401(k) plan for all Sworn Law Enforcement Officers. Employees may choose to contribute additional money to the deferred compensation plans, without a match from the City, within the IRS guidelines.
- **Social Security benefits** – calculated under *Windfall Elimination Provision*

Paid Leave:

- **Sick Leave** - 12 days accrued each year
- **Annual Leave** - Accrual based on years of service and classification. Employees can earn from 10 to 24 days each year.
- **Holidays** - 11 paid holidays annually

Miscellaneous:

- Tuition reimbursement
- Employee Assistance Program
- Short-Term and Long-Term Disability – provided by Lincoln Financial (employee paid)
- Whole Life Insurance – provided by UNUM (employee paid)
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Life Insurance - The city pays to provide coverage valued at one times your annual salary. Supplemental insurance is available for employees to purchase. Optional coverage for dependents is also available for purchase.

Retirement:

- **NC Local Government Retirement System** - All benefits eligible employees make a mandatory 6% contribution every pay period.

- **Deferred Compensation** – For all employees, the city contributes 4.5% of salary to either the 401(k) or 457 plans regardless of employee contribution and the City contributes an additional 3% of salary to the 457 plan for Public Safety Fire employees. In addition, the City offers to match an employee contribution dollar for dollar up to 3% of the annual salary for Public Safety Fire employees. Employees may choose to contribute additional money to the deferred compensation plans, without a match from the City, within the IRS guidelines.

- **Social Security benefits** – calculated under *Windfall Elimination Provision*

Paid Leave:

- **Sick Leave** - 12 days accrued each year

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Health Insurance Options

Traditional Plan – PPO

The traditional plan offered by Blue Cross & Blue Shield provides co-pays for office visits, prescriptions drugs, and urgent care and emergency room services when using network providers. The plan has in-network and out-of network deductibles for other services.

High Deductible Health Plan (HDHP) – with Health Savings Account (HSA)

The HDHP offered by Blue Cross & Blue Shield is similar to the traditional plan, but with higher deductibles – a \$2,000 individual deductible and \$4,000 deductible for two or more covered members. With this plan, the employee pays all services, including prescription medications, up to the deductible. Please keep in mind that in-network preventative care, such as annual physicals, is provided at no cost to you regardless of whether the deductible has been met. After reaching the deductible, the plan pays 100% for care received from doctors in the BlueCross BlueShield network.

Health Savings Account (HSA) Info

The HSA can be used to pay for certain costs not covered by the health or dental insurance. The HSA pays for services with tax free dollars. It also allows employees to save money tax free for future medical expenses. For employees who choose the HDHP, the City will make a monthly contribution to your HSA account. Employees who elect this plan for the first time will receive a form in the mail that must be completed and returned to establish the HSA account.

Employees can fund the HSA account in three ways:

1. Monthly contribution from the city:

<u>Individual</u>	<u>Plan w/spouses, dependents</u>
-\$189 upfront	-\$378 upfront
-\$51 per month thereafter	-\$102 per month thereafter
-\$750 a year	-\$1,500 a year

2. Funds employees choose to withhold from their paycheck. The amount of money you designate will go tax free into your account.
3. Money received by participating in the city's wellness incentives.

*HSA funds roll over from year to year. HSA is capped at \$3,350 for an individual or \$6,650 for a family per year. HSA contribution amounts may be changed up to 6 times a year.

Health Insurance Comparison + Rates

2015 - 2016

	Traditional (PPO) (In Network)	Traditional (PPO) (Out of Network)	HDHP- HSA (In Network)	HDHP - HSA (Out of Network)
Annual Deductable (Individual/Family)	\$1500/\$4500	\$3000/\$9000	\$2000/\$4000	\$4000/\$8000
Annual out of Pocket maximum	\$3500/\$10500	\$7000/\$21000	N/A	\$2000/\$4000
Coinsurance (The amount that you pay)	After deductible 20%	After deductible 40%	After deductible \$0	After deductible 30%
Physician visits – copay Office visit: Primary care/specialist	\$25/\$50	After deductible 40%	After deductible \$0	After deductible 30%
Physician visits –copay Preventative Care	FREE	FREE	FREE	After deductible 30%
ER Visit (in/out of network same benefit)	\$300	After deductible 40%	After deductible \$0	After deductible 30%
Urgent Care	\$50	After deductible 40%	After deductible \$0	After deductible 30%
Hospital in-patient services	After deductible 20%	After deductible 40%	After deductible \$0	After deductible 30%
Hospital out-patient services	After deductible 20%	After deductible 40%	After deductible \$0	After deductible 30%
RX Tier 1 Tier 2 Tier 3 Tier 4	\$10 \$35 \$50 25% (\$50 min/\$100 max)	\$10 \$35 \$50 25% (\$50 min/\$100 max)	After deductible \$0	After deductible 30%

Premiums are deducted 24 out of 26 pay periods.	Traditional Plan (PPO) without incentives	HSA Plan without incentives	*Per Pay Period Incentives
Employee Only	\$79	\$64	\$30
Employee/Child(ren)	\$148	\$99	\$30
Employee/Spouse	\$204	\$160	\$45
Employee/Family	\$292	\$236	\$45

* Employees (and eligible spouses) who participate in the Wellness Assessment and comply with the Healthy Life Plan will receive an incentive to help offset the cost of health insurance.

DENTAL AND VISION INSURANCE

2015 – 2016

Dental Insurance by Delta Dental

Individual deductible:	\$50.00
Family deductible	\$150
Plan year maximum	\$1,000 per person
Diagnostic and Preventative Care:	100%
Basic Procedures:	80% after deductible
Major Procedures:	50% after deductible

DENTAL PREMIUMS per period

Employee:	\$15.00
Employee Child(ren):	\$35.00
Employee Spouse:	\$29.00
Employee Family:	\$53.00

Vision Insurance by Community Eye Care

Annual Eye Exam	\$10.00 co-pay
\$140 allowance for eyewear*	\$25 copay
Contact lens fitting, re-fit, or eval.	\$25 copay

*The allowance can be applied to frames, spectacle lenses, contact lenses, special lens options, or any combination. So long as the member selects eyewear having a retail price that is less than or equal to the allowance, they incur no out-of-pocket expenses at the time of service except for the eyewear co-pay. If the selected eyewear has a retail price that exceeds \$140, the member is responsible only for the balance (i.e., retail minus \$140), plus the eyewear co-pay. In addition, for the purchase of glasses (frames and/or lenses), member who exceeds their allowance are eligible for a 20% discount on the balance. For the purchase of contact lenses, members who exceed their allowance are eligible for a 10% discount on the balance.

VISION PREMIUMS per pay period

Employee:	\$3.10
Employee Plus One	\$6.45
Employee Family	\$9.90